

#### **INSTRUCTIONS:**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form has five parts.

### 1. Identifying information.

Each author should submit a separate form. Provide complete information and double-check the manuscript number. If you are NOT the corresponding author please insert his or her name.

### 2. The work under consideration for publication.

Please provide information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The idea is to provide for the reader information about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. If you check the "No" box it means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds to pay you. If you or your institution did receive funds from a third party to support the work, check "Yes" along with the appropriate boxes to indicate the type of support and whether you or your institution received it.

#### 3. Relevant financial activities outside the submitted work.

Please report all sources of revenue relevant to the submitted work that accrued either directly to you or were paid to your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. If there is any question, it is usually better to disclose a relationship than not to do so. Please note that your interactions with the work's sponsor outside the submitted work should be listed here. For each category list each entity on a separate line. Use as many lines as necessary to provide complete information. In addition, please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

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### 5. Nonfinancial associations.

Please report any personal, professional, political, institutional, religious, or other associations that a reasonable reader would want to know about in relation to the submitted work.



Lauritsen

Effective Date: 22-September-2011

Surname:

**Section 1. Identifying Information.** 

Given Name:

(or first)		(or la	ast)			
Are you the correspo	onding auth	or? 🛛 Yes	□ No		Format example: 07-Augu	ıst-2008
Manuscript Title: Lakt	atacidose -	endnu en års	ag			
Manuscript Identifying	g Number	(if you knov	v it):			
Section 2. Information	n about t	he suppor	t of the work ເ	ınder consideratio	on for publication.	
Did you or your institution limited to grants, data mo	•			, ,	of the submitted work (including analysis, etc)?	ng but not
⊠ No						
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Section 3. Information	n about i	elevent fir	ancial relation	nshins outside the	submitted work	
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Type of Relationship (in alphabetical orde	NO	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership						Del ×
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Gifts	$\boxtimes$					Del ×
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Grants/grants pending	$\boxtimes$					Del ×
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Payment for manuscript preparation	$\boxtimes$					Del×
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Patents (planned, pending or issued)	$\boxtimes$					Del×
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Royalties	$\boxtimes$					Del ×
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Payment for development of educational presentations including service on speakers' bureaus	$\boxtimes$					Del×
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Stock/stock options	$\boxtimes$					Del ×
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Travel/accommodations expenses covered or reimbursed	$\boxtimes$					Del×
						Add +
Other (err on the side of full disclosure)	$\boxtimes$					Del ×
						Add +



# Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the
submitted work?
No other relationships/conditions/circumstances that present potential conflict of interest
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**Section 1. Identifying Information.** 

(in alphabetical order)

Given Name: (or first)	Christian		Surname: (or last)	Sahl		Effective Date:		
Are you the	correspond	ing author?	Yes 🛛 Y	No		Format exam	ple: 07-August-	2008
Corresponding	g author's n	iame: Lise	Lauritsen					
Manuscript T	itle: Laktata	ıcidose - end	dnu en årsag					
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Expert testimony	$\boxtimes$					Del×
						Add +
Gifts	$\boxtimes$					Del ×
						Add +
Grants/grants pending	$\boxtimes$					Del ×
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Honoraria						Del ×
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Payment for development of educational presentations including service on speakers' bureaus						Del×
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Stock/stock options	$\boxtimes$					Del ×
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Travel/accommodations expenses covered or reimbursed	$\boxtimes$					Del×
						Add +
Other (err on the side of full disclosure)	$\boxtimes$					Del ×
						Add +



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Surname:

**Section 1. Identifying Information.** 

Given Name:

Consultancy

**Employment** 

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(or first)	Søren		(or last)	Thorsen		Effective Date: 22-September	
Are you the	correspond	ing author	Yes 🗵	] No		Format example: 07-August-	·2008
Corresponding	g author's n	lame: Lise	Lauritsen				
Manuscript Ti	tle: Laktata	icidose - en	dnu en årsag				
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Expert testimony	$\boxtimes$					Del×
						Add +
Gifts	$\boxtimes$					Del ×
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Grants/grants pending	$\boxtimes$					Del ×
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Honoraria						Del ×
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Payment for manuscript preparation	$\boxtimes$					Del ×
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Patents (planned, pending or issued)	$\boxtimes$					Del ×
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Royalties	$\boxtimes$					Del ×
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Payment for development of educational presentations including service on speakers' bureaus						Del×
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Stock/stock options	$\boxtimes$					Del ×
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Travel/accommodations expenses covered or reimbursed	$\boxtimes$					Del×
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Other (err on the side of full disclosure)	$\boxtimes$					Del ×
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